

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 570)**

SERIAL NO
10519208
APPLICANT

FILING DATE

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1				61					
2						62					
3						63					
4						64					
5						65					
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7						67					
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37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL NO.		1				TOTAL NO.					
TOTAL OFF.		10				TOTAL OFF.					
TOTAL		10				TOTAL					